

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213509948				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Raytheon Technology Associates, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2013</p> <p>SCC ID NO: 05340088</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED					
COMMON	1,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11400 COMMERCE PARK DRIVE, STE 650</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20191</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PRESTON HARRELLE TITLE: PRESIDENT ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PRESTON HARRELLE TITLE: PRESIDENT ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: PRESTON HARRELLE TITLE: PRESIDENT ADDRESS: 11400 COMMERCE PARK DRIVE SUITE 650 CITY/ST/ZIP/CO: RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NANCY GREER TITLE: VP AND CFO ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NANCY GREER TITLE: VP AND CFO ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: NANCY GREER TITLE: VP AND CFO ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK W. MARCH TITLE: VP - TAXES ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARK W. MARCH TITLE: VP - TAXES ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARK W. MARCH TITLE: VP - TAXES ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT J. MOORE TITLE: VICE PRESIDENT ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT J. MOORE TITLE: VICE PRESIDENT ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ROBERT J. MOORE TITLE: VICE PRESIDENT ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL W. MUTEK TITLE: VP AND SEC ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL W. MUTEK TITLE: VP AND SEC ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MICHAEL W. MUTEK TITLE: VP AND SEC ADDRESS: 1200 SOUTH JUPITER ROAD CITY/ST/ZIP/CO: GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BROOKE M. BARTLESON TITLE: ASST SECRETARY ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BROOKE M. BARTLESON TITLE: ASST SECRETARY ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BROOKE M. BARTLESON TITLE: ASST SECRETARY ADDRESS: 870 WINTER STREET CITY/ST/ZIP/CO: WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M. SMITH ASST SECRETARY 1200 SOUTH JUPITER ROAD GARLAND, TX 75042	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD A. GOGLIA TREASURER 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN J. IGLOWSKI ASST TREASURER 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY DUDEK COO 11400 COMMERCE PARK DRIVE SUITE 650 RESTON, VA 20191	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN K. HAWKINS CEO 1200 SOUTH JUPITER ROAD WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA NG ASST SECRETARY 870 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BROOKE M. BARTLESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BROOKE M. BARTLESON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			